

Exhibit C

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor <i>USA Commercial Mortgage Company</i>		Case Number <i>06-10725-LBR</i>	THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <i>TDS Revocable Family TRUST DATED 9-29-98</i>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars	
Name and address where notices should be sent <i>C/O T Dwight Sper & Bonnie SPER TTEES 1005 Cypress Ridge LN, LAS Vegas Telephone number: NV 89144-1425</i>		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.	
Last four digits of account or other number by which creditor identifies debtor <i>Client ID No. 2854</i>		<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
1. Basis for Claim		Check here <input checked="" type="checkbox"/> replaces <i>All</i> if this claim <input type="checkbox"/> amends a previously filed claim dated <i>9-25-06</i>	
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other <u>SEE EXHIBIT A</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Last four digits of your SS # _____ <input type="checkbox"/> Unpaid compensation for services performed from _____ to _____ (date) (date)	
2. Date debt was incurred <i>MAY 30, 2003</i>		3. If court judgment, date obtained.	
4. Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Unsecured Nonpriority Claim <u>LINE 4 of Ex A</u>			
<input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority			
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)			
Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ <u>UNKNOWN</u> Amount of arrearage and other charges at time case filed included in secured claim, if any \$ <u>LINE 2 EXA</u>			
<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)			
<small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>			
5. Total Amount of Claim at Time Case Filed		<u>LN 4 EXA</u> <u>LN 4 EXA</u> <u>LN 4 EXA</u> <small>(unsecured) (secured) (priority) (Total)</small>	
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim		THIS SPACE IS FOR COURT USE ONLY	
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary		FILED JAN 12 2007	
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim			
Date <i>11-07</i>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <i>T. Dwight Sper, Trustee 702-243-5999</i>		

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.C.

USA CMC



PROOF OF CLAIM

Name of Debtor

USA Commercial Mortgage
Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503.

Name of Creditor and Address

11321241008421

DONALD S TOMLIN AND DOROTHY R TOMLIN
TRUSTEE OF THE DONALD S TOMLIN
7145 BEVERLY GLEN AVE
LAS VEGAS NV 89110-4228 Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (1702-453-6079

Last four digits of account or other number by which creditor identifies debtor

1217

Check here replaces
if this claim or
amends a previously filed claim dated _____

1 BASIS FOR CLAIM

Goods sold Personal injury/wrongful death
 Services performed Taxes
 Money loaned Other (describe briefly)

 Retiree benefits as defined in 11 U S C § 1114(a) Unremitted principal Wages, salaries, and compensation (fill out below) Other claims against servicer
(not for loan balances)

Last four digits of your SS # 1217

Unpaid compensation for services performed from _____ to _____

(date) (date)

2 DATE DEBT WAS INCURRED *various dates*

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed
See reverse side for important explanationsUNSECURED NONPRIORITY CLAIM \$ *2,779,806* *Interest plus*

Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority *(See attached description)*

SECURED CLAIM *(See attached description of claim)*

Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

 Real Estate Motor Vehicle Other _____

Value of Collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

 Up to \$2 225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U S C § 507(a)(7) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Other - Specify applicable paragraph of 11 U S C § 507(a) (____)

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM \$ *2,779,806* \$ _____
AT TIME CASE FILED (unsecured) \$ _____ (secured) \$ _____ (priority) \$ _____ (Total) \$ *2,779,806* Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim *(See attached)*7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)

BY MAIL TO
BMC GroupAttn: USACM Claims Docketing Center
P O Box 911
El Segundo, CA 90245-0911

THIS SPACE FOR COURT USE ONLY

BY HAND OR OVERNIGHT DELIVERY TO
BMC GroupAttn: USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo, CA 90245

FILED NOV 10 2006

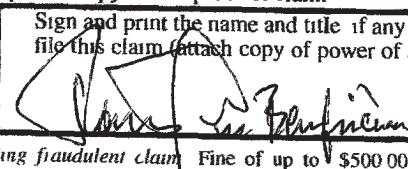
DATE *11/8/06*SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any). *Don S. Tomlin Trustee*

USA CMC



102501169

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM									
Name of Debtor	USA Commercial Mortgage Company	Case Number										
<p>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>												
<p>Name of Creditor (The person or other entity to whom the debtor owes money or property) Pensco Trust Company Custodian for Robert William Ulm IRA</p>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.										
<p>Name and address where notices should be sent Robert W. Ulm -Beneficiary 414 Morning Glory Road St. Marys GA 31558 Telephone number 912-673-6020</p>		<small>THIS SPACE IS FOR COURT USE ONLY</small>										
<p>Last four digits of account or other number by which creditor identifies debtor 3748</p>		Check here <input checked="" type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated 11/06/06										
<p>1 Basis for Claim</p> <ul style="list-style-type: none"> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other See Exhibit A 		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)										
<p>2 Date debt was incurred 11/21/03</p>		<p>3 If court judgment, date obtained</p>										
<p>4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations</p> <p>Unsecured Nonpriority Claim \$ 75,000 707,753</p> <p><input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority</p>												
<p>Unsecured Priority Claim</p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)</p>		<p>Secured Claim</p> <p><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff)</p> <p>Brief Description of Collateral <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ Unknown</p> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 9,862</p> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____)</p> <p><i>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</i></p>										
<p>5 Total Amount of Claim at Time Case Filed</p> <p><input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges</p>		<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">\$ 707,753</td> <td style="text-align: center;">707,753</td> <td style="text-align: center;">707,753</td> </tr> <tr> <td style="text-align: center;">(unsecured)</td> <td style="text-align: center;">(secured)</td> <td style="text-align: center;">(priority)</td> </tr> <tr> <td colspan="3" style="text-align: center;">(Total)</td> </tr> </table>		\$ 707,753	707,753	707,753	(unsecured)	(secured)	(priority)	(Total)		
\$ 707,753	707,753	707,753										
(unsecured)	(secured)	(priority)										
(Total)												
<p>6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p>		<small>THIS SPACE IS FOR COURT USE ONLY</small>										
<p>7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.</p>		<small>THIS SPACE IS FOR COURT USE ONLY</small>										
<p>8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim</p>		<p>FILED JAN 11 2007</p>										
Date	Sign and print the name and title if any of the creditor or other person authorized to file this claim. Attach copy of power of attorney, if any. 											
01/08/06	USA CMC  1072502090											

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM												
Name of Debtor USA Commercial Mortgage Company and affiliated debtors	Case Number 06-10725-LBR and related cases													
<p>NOTE: See Reverse for List of Debtors and Case Numbers</p> <p>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A 'request' for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p>														
<p>Name of Creditor and Address Pensco Trust Co. Inc., FBO ROBERT W. KLM IRA #U1006 414 Morning Glory Rd. St Marys, GA 31558</p>														
<p>Creditor Telephone Number 914 673-6020</p>														
<p>Last four digits of account or other number by which creditor identifies debtor 3748</p>														
<p>1 BASIS FOR CLAIM</p> <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> <td><input checked="" type="checkbox"/> Unremitted principal</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</td> <td><input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Money loaned</td> <td><input checked="" type="checkbox"/> Other (describe briefly)</td> <td>Last four digits of your SS # _____</td> <td>Unpaid compensation for services performed from <u>01/01/2003</u> to <u>ONGOING</u></td> </tr> </table> <p><i>False Representation Negligence, Breach of Fiduciary duty / SEE ATTACHED</i></p>			<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input checked="" type="checkbox"/> Unremitted principal	<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries, and compensation (fill out below)	<input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)	<input checked="" type="checkbox"/> Money loaned	<input checked="" type="checkbox"/> Other (describe briefly)	Last four digits of your SS # _____	Unpaid compensation for services performed from <u>01/01/2003</u> to <u>ONGOING</u>
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<p>2 DATE DEBT WAS INCURRED OCTOBER 2003 - CONTINUING 3 IF COURT JUDGMENT, DATE OBTAINED</p>														
<p>4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations</p>														
<p>UNSECURED NONPRIORITY CLAIM \$ 48,000</p> <p><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority</p>														
<p>UNSECURED PRIORITY CLAIM</p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)</p>														
<p>5. TOTAL AMOUNT OF CLAIM \$ Contingent \$ Unliquidated \$ Claim \$ _____ AT TIME CASE FILED (unsecured) (secured) (priority) (Total)</p> <p><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges</p>														
<p>6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim</p>														
<p>7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary</p>														
<p>8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim</p>														
<p>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)</p> <p>BY MAIL TO BMC Group Attn: USACM Claims Docketing Center P.O. Box 411 El Segundo, CA 90245-0911</p>		<p>THIS SPACE FOR COURT USE ONLY</p> <p>BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo, CA 90245</p> <p>FILED NOV 06 2006</p>												
DATE 11/01/2006	SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)	USA CMC 1072501043												

1. BRIEF DESCRIPTION OF DEBTOR		PROOF OF CLAIM													
Name of Debtor <i>USA Commercial Mortgage Co</i>		Case Number <i>06-10725-LBR</i>													
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.													
Name of Creditor and Address <i>WORLD LINKS Group, LLC c/o Leo G. Mantas 7440 S BLACKHAWK ST #12208 Englewood, CO 80112-4355</i>		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS <small>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again</small> THIS SPACE IS FOR COURT USE ONLY													
Creditor Telephone Number () <i>760-917-3691</i>		<small>Check here if this claim replaces or amends a previously filed claim dated _____</small>													
Last four digits of account or other number by which creditor identifies debtor <i>6976</i>		<small>Check here if this claim replaces or amends a previously filed claim dated _____</small>													
1. BASIS FOR CLAIM <table> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> <td><input checked="" type="checkbox"/> Unremitted principal</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Wages, salaries and compensation (fill out below)</td> <td><input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Money loaned</td> <td><input checked="" type="checkbox"/> Other (describe briefly) <i>SEE ATTACHED</i></td> <td>Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)</td> <td></td> </tr> </table>				<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input checked="" type="checkbox"/> Unremitted principal	<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries and compensation (fill out below)	<input checked="" type="checkbox"/> Other claims against servicer (not for loan balances)	<input checked="" type="checkbox"/> Money loaned	<input checked="" type="checkbox"/> Other (describe briefly) <i>SEE ATTACHED</i>	Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)	
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2. DATE DEBT WAS INCURRED		3. IF COURT JUDGMENT, DATE OBTAINED													
4. CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed <small>See reverse side for important explanations</small>															
UNSECURED NONPRIORITY CLAIM \$ <i>198,000.00</i> <input checked="" type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority		SECURED CLAIM <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) <small>Brief description of collateral</small> <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ <small>Value of Collateral \$ <i>UNKNOWN</i></small> <small>Amount of arrearage and other charges at time case filed included in secured claim if any \$ <i>198,000.00</i></small>													
UNSECURED PRIORITY CLAIM <input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority <small>Amount entitled to priority \$ _____</small> <small>Specify the priority of the claim</small>		<input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease or rental of property or services for personal, family or household use 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) (_____) <small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment</small>													
5. TOTAL AMOUNT OF CLAIM \$ <i>198,000.00</i> AT TIME CASE FILED		<small>\$ <i>198,000.00</i> (unsecured) \$ <i>198,000.00</i> (secured) \$ <i>198,000.00</i> (priority) (Total)</small>													
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges															
6. CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7. SUPPORTING DOCUMENTS <i>Attach copies of supporting documents</i> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary															
8. DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim <small>The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units)</small>		THIS SPACE FOR COURT USE ONLY													
<small>BY MAIL TO</small> BMC Group Attn: USACM Claims Docketing Center P O Box 911 El Segundo CA 90245 0911		<small>BY HAND OR OVERNIGHT DELIVERY TO</small> BMC Group Attn: USACM Claims Docketing Center 1330 East Franklin Avenue El Segundo CA 90245													
DATE <i>1-12-07</i>	<small>SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)</small> <i>Everett Nelson, Attorney</i>														
<small>Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</small>			<small>USA CMC</small> <small>1072502309</small>												

FILED JAN 13 2007

USA CMC
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